

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: RBRVS Users
Family Planning Clinics
Blood Banks
Managed Care Plans
CSO Administrators

Memorandum No.: 02-15 MAA
Issued: April 15, 2002

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1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Maximum Allowable Fees for Injectable Drugs

Effective for dates of service on and after May 1, 2002, the Medical Assistance Administration (MAA) will begin using maximum allowable fees for most injectable drugs administered in a physician's office.

Maximum Allowable Fees

Attached are replacement pages C.15/C.16 and Section L of the Physician's Related Services Billing Instructions, dated November 2001. These replacement pages contain MAA's:

- Policies regarding drugs administered in a physician's office;
- Injectable drug pricing methodology; and
- Maximum allowable fees for injectable drugs.

Contraceptives

Mirena IUD – Price Change

Retroactive to dates of service on and after March 1, 2001, MAA increased the fee for Mirena IUD (HCPCS¹ code J7302 - previously state-unique code 9913M) to \$355.50. MAA did a mass adjustment to pay claims with dates of service on and after March 1, 2001, at the higher rate.

Lunelle – Coding Change

Effective for dates of service on and after May 1, 2002, state-unique code 1111J for Lunelle will be discontinued. Providers must use **HCPCS code J1056** to bill for Lunelle.

To obtain MAA's provider publications electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

¹ HCPCS stands for Health Care Financing Administration's Common Procedure Coding System

Therapeutic or Diagnostic Injections

(CPT codes 90782-90784, 90788, and 90799)

[Refer to WAC 388-531-0950]

- MAA reimburses physicians for injection procedures and/or injectable drug products provided to a client only when the injectable drug used is from office stock purchased by the physician from a pharmacist or drug manufacturer.
- If no other service is performed on the same day, a subcutaneous or intra-muscular injection (CPT code 90782) or an intra-muscular antibiotic injection (CPT code 90788) can be billed in addition to a J or Q procedure code.
- When a subcutaneous or intra-muscular injection (CPT code 90782) or an intra-muscular antibiotic injection (CPT code 90788) is provided on the same day as an Evaluation & Management (E&M) service, the injections are bundled into the E&M service and are not reimbursed separately.
- Intra-arterial injections (CPT code 90783) and intravenous therapeutic or diagnostic injections (CPT code 90784) are reimbursed separately even when provided on the same day as an E&M service. Separate payment for the drug is allowed. Use the appropriate J or Q code. These injections are not reimbursed separately if provided in conjunction with IV infusion therapy services (CPT codes 90780 and 90781).

Note: Drugs must be billed using the HCPCS J & Q codes and are reimbursed at MAA's established maximum allowable fees. Name, strength, and dosage of the drug must be documented and retained in the client's file for review. For billing and reimbursement of chemotherapy services, see page F7.

Hyalgan/Synvisc

- Only orthopedic surgeons and rheumatologists are reimbursed for Hyalgan or Synvisc.
- MAA allows a maximum of 5 Hyalgan or 3 Synvisc intra-articular injections **per knee** for the treatment of pain in osteoarthritis of the knee. Identify left knee or right knee by adding the appropriate “LT” or “RT” modifier to your claim.
- MAA changed the pricing of Hyalgan (HCPCS code J7316) and Synvisc (HCPCS code J7320) to match the dosage within the description of the code.

HCPCS Code	Description	Maximum Allowable Fee	Restrictions
J7316	Sodium hyaluronate, 5 mg, for intra-articular injection (Hyalgan) [1 unit = 5 mg.]	\$32.04 per unit	Maximum of 5 injections Maximum of 20 units (4 units = 1 injection) Max. pymt = \$640.80
J7320	Hylan G-F 20, 16 mg, for intra-articular injection (Synvisc) [1 unit = 16 mg]	\$209.15 per unit	Maximum of 3 injections Maximum of 3 units (1 unit = 1 injection) Max. pymt = \$627.45

- Hyalgan and Synvisc injections are covered only for treatment of osteoarthritis of the knee with the following diagnoses:

Diagnosis Code	Description
715.16	Osteoarthritis, localized, primary lower leg
715.18	Osteoarthritis, localized, primary, other specified sites
715.26	Osteoarthritis, localized, secondary, lower leg
715.28	Osteoarthritis, localized, secondary, other specified sites
715.36	Osteoarthritis, localized, not specified whether primary or secondary, lower leg
715.38	Osteoarthritis, localized, not specified whether primary or secondary, other specified sites
715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg
715.98	Osteoarthritis, unspecified whether generalized or localized, other specified sites.

- The series of injections must be billed after all injections are completed.
- Bill CPT injection code 20610 each time an injection is given, up to a maximum of 5 injections for Hyalgan and 3 injections for Synvisc (per knee).
- **You must bill both the injection CPT code and HCPCS procedure codes on the same claim form.**

CPT codes and descriptions only are copyright 2001 American Medical Association

Injection Drug Codes (HCPCS J- and Q-)

The MAA Fee Schedule for Injectable Drug Codes lists the maximum allowances used to reimburse covered drugs and biologicals administered incident to a provider's professional service. MAA follows the Centers for Medicare & Medicaid's (CMS) payment policy used by Medicare to set the maximum allowances.

MAA obtains the Average Wholesale Price (AWP) for most of the HCPCS level II drug and biological codes from the Part B Medicare Carrier for Washington. MAA implements updates to the rates from the Medicare carrier on a quarterly basis. Unlike Medicare, the MAA effective dates are based on dates of service, not the date the claim was received. For codes where the Medicare Carrier has not established a rate, MAA determines the maximum allowances for covered drugs using the following methodology:

Pricing Methodology

1. For a single-source drug or biological, the AWP equals the AWP of the single product.
2. For a multi-source drug or biological, the AWP is equal to the lesser of the median AWP of all of the generic forms of the drug or biological or the lowest brand name product AWP. A "brand-name" product is defined as a product that is marketed under a labeled name that is other than the generic chemical name for the drug or biological.
3. After determining the AWP according to #1 and #2 above, the amount is multiplied by 0.95 for chemotherapy drugs and 0.89 for all other drugs to arrive at the fee schedule maximum allowance.

When billing for the drugs and biologicals, providers must use the descriptions of the procedure codes and include the correct number of units on the claim form in order to be reimbursed the appropriate amount. For drugs that are priced at "acquisition cost," providers must include a copy of the manufacturer's invoice if the total charge of the claim meets or exceeds \$1,100.00. If the total charges are less than \$1,100.00, providers must retain a copy of the manufacturer's invoice in the client's record. Do not bill unclassified or unspecified drug codes unless there is no specific code for the drug being administered. The name, National Drug Code (NDC), strength, dosage, and quantity of the drug must be included with the unclassified or unspecified drug code.

HCPCS codes J8499 and J8999 for oral prescription drugs are not covered.

The following list of drugs can be injected either subcutaneously, intramuscularly, or intravenously. The injectable drugs can be billed only out of the physician's office supply. Name, strength and dosage of the drug must be documented and retained in the client's record.

Chemotherapy Drugs (J9000-J9999)

- Bill number of units used based on the description of the drug code. For example, if 250 mg of Cisplatin (J9062 – Cisplatin, 50 mg) is given to the patient, the correct number of units is five (5).
- Claims with HCPCS code J9999 must include drug used, dosage, strength and NDC in the *Comments* field.
- Maximum allowable fee is 95% of the Average Wholesale Price (AWP).

All Other Drugs

- Bill number of units used based on the description of the drug code. For example, if 20 mg of Hyalgan (J7316 – Sodium hyaluronate, 5 mg) is given to the patient, the correct number of units is four (4).
- Claims with HCPCS code J3490 must include drug used, dosage, strength and NDC in the *Comments* field.
- Maximum allowable fee is 89% of the AWP.

Prior Authorization

Those drugs that require written/fax prior authorization are noted in the fee schedule with a “PA” next to them. For information on how to request prior authorization, please see section I.

Physician-Related Services

2002 MAXIMUM ALLOWABLE FEES FOR INJECTABLE DRUGS

Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?
J0120	10.83		J0585	4.37		J1030	6.11	
J0130	480.62		J0587	#		J1040	10.09	
J0150	32.09		J0600	37.56		J1050	31.24	
J0151	199.14		J0610	1.15		J1055	47.65	
J0170	0.54		J0620	4.82		J1056	22.99	
J0190	2.96		J0630	27.90		J1060	3.48	
J0200	17.42		J0635	12.35		J1070	4.04	
J0205	35.16		J0640	9.99		J1080	7.02	
J0207	367.30		J0670	0.68		J1095	2.16	
J0210	9.01		J0690	1.57		J1100	0.23	
J0256	1.96		J0692	8.01		J1110	13.67	
J0270	3.81		J0694	9.71		J1120	27.77	
J0275	17.58		J0696	13.28		J1160	4.41	
J0280	1.07		J0697	6.01		J1165	0.68	
J0282	15.76		J0698	11.40		J1170	1.20	
J0285	10.36		J0702	4.56		J1180	7.37	
J0286	119.85		J0704	2.11		J1190	182.24	
J0290	1.40		J0706	A.C.		J1200	0.75	
J0295	7.03		J0710	1.46		J1205	9.37	
J0300	2.06		J0713	6.32		J1212	39.11	
J0330	0.09		J0715	5.77		J1230	0.70	
J0350	2,523.67		J0720	5.91		J1240	0.65	
J0360	16.69		J0725	3.12		J1245	26.26	
J0380	1.19		J0735	51.68		J1250	10.68	
J0390	17.67		J0740	752.94		J1260	15.41	
J0395	170.88		J0743	14.52		J1270	4.92	
J0456	21.75		J0744	12.82		J1320	2.06	
J0460	2.16		J0745	1.05		J1325	16.92	
J0470	5.94		J0760	6.62		J1327	13.35	
J0475	218.94		J0770	37.38		J1330	4.22	
J0476	69.42		J0780	2.79		J1364	5.56	
J0500	14.05		J0800	4.27		J1380	8.36	
J0515	3.48		J0835	14.37		J1390	0.64	
J0520	4.99		J0850	598.15		J1410	51.62	
J0530	8.09		J0895	12.65		J1435	0.18	
J0540	16.18		J0900	1.53		J1436	59.63	
J0550	34.65		J0945	0.80		J1438	138.58	
J0560	5.29		J0970	A.C.		J1440	176.04	
J0570	5.29		J1000	3.61		J1441	280.44	
J0580	10.60		J1020	2.23		J1450	81.07	

- Not Covered

A.C. – Acquisition Cost

Effective 5/01/02

PA – Prior Authorization Required

Website Update on J1565/J2790

(Revised May 7, 2002)

Physician-Related Services

2002 MAXIMUM ALLOWABLE FEES FOR INJECTABLE DRUGS

Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?
J1452	890.00		J1790	5.10		J2370	1.20	
J1455	11.29		J1800	9.46		J2400	16.76	
J1460	1.60		J1810	7.72		J2405	5.71	
J1470	3.20		J1820	1.73		J2410	2.62	
J1480	4.81		J1825	211.00		J2430	249.08	
J1490	6.41		J1830	64.08		J2440	6.66	
J1500	8.01		J1835	32.90		J2460	0.86	
J1510	9.61		J1840	2.96		J2500	24.38	
J1520	11.21		J1850	0.45		J2510	6.30	
J1530	12.82		J1885	1.49		J2515	0.50	
J1540	14.42		J1890	9.61		J2540	0.82	
J1550	16.02		J1910	12.44		J2543	4.81	
J1560	16.02		J1940	1.14		J2545	87.89	
J1561	40.05		J1950	461.59		J2550	0.87	
J1563	71.20		J1955	32.04		J2560	2.39	
J1565	15.30		J1956	18.42		J2590	0.72	
J1570	31.75		J1960	3.52		J2597	3.86	
J1580	1.78		J1980	7.05		J2650	0.31	
J1590	10.51		J1990	23.41		J2670	3.66	
J1600	10.51		J2000	2.02		J2680	13.20	
J1610	42.72		J2010	4.14		J2690	5.16	
J1620	180.22		J2020	33.91	PA	J2700	0.62	
J1626	17.37		J2060	2.67		J2710	0.83	
J1630	4.01		J2150	2.60		J2720	0.61	
J1631	25.32		J2175	0.52		J2725	22.86	
J1642	0.06		J2180	4.07		J2730	96.46	
J1644	0.24		J2210	3.63		J2760	31.15	
J1645	13.66		J2250	0.81		J2765	1.77	
J1650	5.18		J2260	43.41		J2770	95.61	
J1655	7.48		J2270	0.84		J2780	1.34	
J1670	106.80		J2271	7.71		J2790	112.27	
J1700	0.32		J2275	6.94		J2792	21.07	
J1710	4.97		J2300	1.35		J2795	0.14	
J1720	1.70		J2310	2.12		J2800	3.56	
J1730	109.64		J2320	6.26		J2810	1.01	
J1742	225.44		J2321	12.52		J2820	27.22	
J1745	61.55		J2322	23.89		J2910	13.65	
J1750	16.78		J2352	136.06		J2912	0.74	
J1755	12.24		J2355	221.39		J2915	38.27	
J1785	3.51		J2360	1.60		J2920	1.48	

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Physician-Related Services

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Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?
J2930	1.80		J3470	5.81		J7504	#	
J2940	39.25	PA	J3475	0.27		J7505	#	
J2941	39.25	PA	J3480	0.19		J7506	#	
J2950	0.43		J3485	0.89		J7507	2.62	
J2993	1,223.75		J3490	A.C.		J7508	13.11	
J2995	113.76		J3520	#		J7509	0.48	
J2997	24.48		J3530	A.C.		J7510	0.03	
J3000	5.94		J3535	A.C.		J7511	235.85	
J3010	1.58		J3570	#		J7513	372.20	
J3030	24.30		J7030	10.09		J7515	1.23	
J3070	2.23		J7040	9.47		J7516	23.50	
J3100	2,447.50		J7042	10.38		J7517	A.C.	
J3105	2.00		J7050	9.92		J7520	6.10	
J3120	0.53		J7051	0.43		J7525	205.81	
J3130	1.07		J7060	9.83		J7599	A.C.	
J3140	0.92		J7070	11.32		J7608	A.C.	
J3150	0.88		J7100	126.10		J7618	0.13	
J3230	3.24		J7110	92.97		J7619	A.C.	
J3240	408.77		J7120	12.53		J7622	A.C.	
J3245	408.85		J7130	0.89		J7624	A.C.	
J3250	1.16		J7190	#		J7626	A.C.	
J3260	6.48		J7191	#		J7628	0.23	
J3265	2.06		J7192	#		J7629	A.C.	
J3280	4.31		J7193	#		J7631	A.C.	
J3301	1.42		J7194	#		J7635	0.14	
J3302	0.19		J7195	#		J7636	A.C.	
J3303	2.44		J7197	#		J7637	0.09	
J3305	111.25		J7198	#		J7638	A.C.	
J3310	6.49		J7199	#		J7639	A.C.	
J3320	25.11		J7300	299.00		J7641	A.C.	
J3350	1.19		J7302	355.50		J7642	0.29	
J3360	2.73		J7308	#		J7643	A.C.	
J3364	53.03		J7310	4,450.00		J7644	A.C.	
J3365	436.73		J7316	32.04		J7648	0.16	
J3370	4.87		J7320	209.15		J7649	A.C.	
J3395	1,366.15		J7330	#		J7658	0.29	
J3400	11.11		J7340	A.C.	PA	J7659	A.C.	
J3410	0.64		J7500	#		J7668	0.23	
J3420	0.11		J7501	#		J7669	A.C.	
J3430	2.18		J7502	#		J7680	2.00	

- Not Covered

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Physician-Related Services

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Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?
J7681	A.C.		J9120	13.23		J9300	1,929.69	
J7682	A.C.		J9130	12.68		J9310	454.55	
J7683	0.04		J9140	23.94		J9320	117.64	
J7684	A.C.		J9150	76.63		J9340	116.97	
J7699	A.C.		J9151	64.60		J9350	695.01	
J7799	A.C.		J9160	999.88		J9355	52.83	
J8499	#		J9165	14.41		J9357	526.68	
J8510	1.62		J9170	312.72		J9360	4.10	
J8520	1.87		J9180	623.44		J9370	32.07	
J8521	6.23		J9181	10.45		J9375	52.16	
J8530	2.09		J9182	104.50		J9380	154.57	
J8560	47.68		J9185	285.42		J9390	90.73	
J8600	2.15		J9190	2.47		J9600	2,603.67	
J8610	3.00		J9200	142.50		J9999	A.C.	
J8700	5.34		J9201	106.88		K0548	1.86	
J8999	#		J9202	446.49		Q0136	11.53	
J9000	42.82		J9206	134.25		Q0163	0.02	
J9001	358.96		J9208	156.65		Q0164	0.53	
J9015	672.60		J9209	36.48		Q0165	0.81	
J9017	26.13		J9211	412.21		Q0166	41.88	
J9020	59.70		J9212	4.09		Q0167	2.98	
J9031	166.49		J9213	34.88		Q0168	5.90	
J9040	289.37		J9214	13.50		Q0169	0.07	
J9045	111.11		J9215	7.86		Q0170	0.03	
J9050	117.84		J9216	285.65		Q0171	0.24	
J9060	42.74		J9217	446.69		Q0172	0.39	
J9062	213.73		J9218	75.31		Q0173	0.33	
J9065	58.83		J9219	5,399.80		Q0174	0.48	
J9070	5.98		J9230	12.01		Q0175	0.57	
J9080	11.34		J9245	400.74		Q0176	0.68	
J9090	23.81		J9250	0.62		Q0177	0.19	
J9091	47.64		J9260	6.18		Q0178	0.20	
J9092	95.27		J9265	164.07		Q0179	24.74	
J9093	6.13		J9266	1,321.65		Q0180	65.24	
J9094	11.64		J9268	1,723.06		Q0181	A.C.	
J9095	24.42		J9270	93.80		Q0187	1,495.20	
J9096	48.86		J9280	121.65		Q2001	27.86	
J9097	97.75		J9290	413.72		Q2002	13.35	
J9100	5.94		J9291	869.25		Q2003	183.95	
J9110	23.75		J9293	244.21		Q2004	22.05	

- Not Covered

A.C. – Acquisition Cost

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Website Update on J1565/J2790

(Revised May 7, 2002)

Physician-Related Services

2002 MAXIMUM ALLOWABLE FEES FOR INJECTABLE DRUGS

Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?	Procedure Code	Maximum Allowable Fee	PA Req?
Q2005	331.53		S0091	A.C.				
Q2006	496.94		S0092	A.C.				
Q2007	25.49		S0093	A.C.	PA			
Q2008	682.33		S0155	A.C.				
Q2009	8.01		S0170	A.C.				
Q2010	25.67		S0171	A.C.				
Q2011	0.84		S0172	A.C.				
Q2012	130.53		S0173	A.C.				
Q2013	14.16		S0174	A.C.				
Q2014	14.78		S0175	A.C.				
Q2017	182.95		S0176	A.C.				
Q2018	#		S0178	A.C.				
Q2019	1,171.06		S0179	A.C.				
Q2020	13.97		S0181	A.C.				
Q2021	116.63		S0182	A.C.				
Q2022	0.89		S0183	A.C.				
Q9920	11.53		S0187	A.C.				
Q9921	11.53		S0189	A.C.				
Q9922	11.53		S0190	80.10				
Q9923	11.53		S0191	0.96				
Q9924	11.53							
Q9925	11.53							
Q9926	11.53							
Q9927	11.53							
Q9928	11.53							
Q9929	11.53							
Q9930	11.53							
Q9931	11.53							
Q9932	11.53							
Q9933	11.53							
Q9934	11.53							
Q9935	11.53							
Q9936	11.53							
Q9937	11.53							
Q9938	11.53							
Q9939	11.53							
Q9940	11.53							
S0079	A.C.							
S0087	A.C.							
S0088	A.C.							

- Not Covered

A.C. – Acquisition Cost

Effective 5/01/02

PA – Prior Authorization Required

Website Update on J1565/J2790

(Revised May 7, 2002)

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